

The dating stamp of the Patent Office on this card will be taken as an indication that the accompanying paper was filed.

Applicants Mario Reyes SALINAS and Juan Rencoret HOLLEY
Title "Bactericidal, Bacteriostatic and Fungicidal Composition, Comprising
Two or More Live Species of Trichoderma and Its Preparation Procedure,
and a Composition Based on Latex for a Pruning Cicatrizing that Includes a
Latex Base and a Composition of Two or More Live Species of Trichoderma"
Specification 19 pp Claims 3 pp Abstract 0 p. Sheets of Drawings 0
Patent Application Transmittal Letter (in trip.) 1 p.
Declaration 3 pp

Preliminary Amendment with Abstract 7 pp.

Claim for Priority with certified copy

Amount of Check \$375.00

Express Mail No. EV336817576US

Atty's File No. 4369-031374

Initials RLB:nap

15535 U.S. PTO

10/626316



07/24/03

SEP 11 2006
U.S. PATENT & TRADEMARK OFFICE
PATENT

Suant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$0)

<i>Complete if Known</i>	
Application Number	10/626,316
Filing Date	July 24, 2003
First Named Inventor	Mario Reyes Salinas
Examiner Name	Susan Emily Fernandez
Art Unit	1651
Attorney Docket No.	4369-031374

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES **SEARCH FEES** **EXAMINATION FEES**

Application Type	Small Entity		Small Entity		Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)
50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
14	- 20 or HP =	0	0

Multiple Dependent Claims

Fee (\$)
0 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 3 or HP =	0	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)
0

Other (e.g., late filing surcharge): _____

0

SUBMITTED BY

Signature	<i>Gwen R. Wood</i>	Registration No. (Attorney/Agent)	51,027	Telephone	412-471-8815
Name (Print/Type)	Gwen R. Wood, Ph.D.			Date	September 7, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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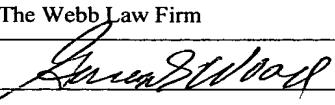
(to be used for all correspondence after initial filing)

		Application Number	10/626,316
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		Examiner Name	Susan Emily Fernandez
Total Number of Pages in This Submission	70	Attorney Docket Number	4369-031374

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard/Claim for Priority (1 p.)/Copy of Certified Chilean Application (64 pp.) Check in the amount of \$510.00
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Webb Law Firm		
Signature			
Printed Name	Gwen R. Wood, Ph.D.		
Date	September 7, 2006	Reg. No.	51,027

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